

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027164

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149Primary Registration District No. 1002Registrar's No. 3514

FILED JUL 25 1962

1. PLACE OF DEATH

a. COUNTY

Jacksonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWNKansas City 75 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION418 So. BellvueInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jacksonc. CITY
OR TOWNKansas CityInside Limits
Yes ☒ No ☐d. STREET
ADDRESS418 So. BellvueReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

James Ernest Ingalls

4. DATE OF DEATH

Month

Day

Year

7 4 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

5/5/1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Contractor

10b. KIND OF BUSINESS OR INDUSTRY

Cement

11. BIRTHPLACE (City and state or country)

Springfield, Ohio

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Ingalls

13b. MOTHER'S MAIDEN NAME

Orilla Stephenson

14. NAME OF HUSBAND OR WIFE

China Ingalls15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)no

16. SOCIAL SECURITY NO.

[redacted]

17. INFORMANT

Bladys Mae Bryls 416 So. Bellvue

Address

K.C. Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown

DUE TO (b)

Chronic Glomerulonephritis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan. 16, 1953to July 4, 1962

and last saw him alive on

June 8, 1962

Death occurred at

5:00

A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Glenn W. Springer, D.O.

22b. ADDRESS

5902 St. John Ave.Kansas City, Missouri

22c. DATE SIGNED

7-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-6-1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

Kansas City, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

C. N. Blackman & Son K.C., Mo

25. DATE RECD. BY LOCAL REG.

7-6-62

26. REGISTRAR'S SIGNATURE

Rueb D. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

G.W. Springer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Best B. Bennett

Licensed Embalmer No. 4656

P. O. Address I.S.C., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.